

TRANSITION OUT OF NURSING FACILITY FORM FIELD DEFINITIONS

A completed Transition Out of Nursing Facility form must be submitted to MDCH when the participant successfully moves to a community setting. MDCH will not officially authorize within the contract an additional MI Choice waiver slot for NFT participants until the waiver agent submits this completed form.

The following is an explanation of all fields in the Transition Out Of Nursing Facility Form. All applicable fields for each form must be completed.

<i>Transition Out Of Nursing Facility Form Field</i>	<i>DESCRIPTION</i>
<u>Transition Agent Information:</u>	
Agency	The name of the agency facilitating the NFT.
Today's Date	The date THIS Notice was completed.
Contact's Name	The name of the person MDCH should contact for this transition.
Contact's Phone	The phone number of the person MDCH should contact for this transition.
Contact's Email	The email address of the person MDCH should contact for this transition.
<u>Transitionee Information:</u>	
Last Name	The last name of the NFT participant.
First Name	The first name of the NFT participant.
Date of Birth	The NFT participant's date of birth
Medicaid I.D. #	The NFT participant's ten-digit Medicaid Recipient ID number.
Social Security #	The NFT participant's Social Security Number.
In nursing facility/hospital more than 6 months?	Combine any hospital stay(s) immediately preceding the nursing facility stay to determine whether the transitionee has been in an institution for more than 6 months. If institutional stays exceed 6 months, a Quality of Life survey must be conducted prior to the transition.
Phone Number & Address after transition	Where the person can be reached via telephone and where the individual will reside after transitioning so they can be contacted for the Quality of Life survey.
<u>Community Transition</u>	
Date of Community Transition	Indicate the date the NFT participant was discharged from the nursing facility and began residing in a community-based setting.
Transitioned to	Check the single box that best describes the setting to which the NFT participant transitioned.
Live with family members?	Check the appropriate box as to whether they live or will live with at least one family member after transitioning.
HCBS after transition	Check each box that applies to describe the services and supports received or expected to be received by the NFT participant after discharge from the nursing facility. If checking "other" please describe these services.
Housing Supplements after transition	Check each box that applies to a housing supplement the NFT participant receives or will receive after transitioning into community life.

Nursing Facility Transition Program
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Lansing, MI 48909-7979
(517) 373-9532

TRANSITION OUT OF NURSING FACILITY FORM

(To be completed immediately after an individual is transitioned to the community)

Transition Agent Information

Agency (Name & city):

Today's date:

Contact's Name, phone & e-mail:

Transitionee Information

Last name:

First name:

Date of birth:

Medicaid I.D. #:

Social Security #:

Was the transitionee in the nursing facility (including hospital stay) at least six months before transitioning?

☐ **Yes**

☐ **No**

Phone Number & Address after transition:

Community Transition Section

Date of transition:

Transitioned to (check only one per CMS instructions):

☐ Home owned by the individual.

☐ Home owned by a family member.

☐ Apartment leased by the individual, not assisted living

☐ Apartment leased by the individual, assisted living

☐ Group home or other residence in which 4 or fewer unrelated individuals live.

☐ Other (describe):

Does the individual live with a family member? ☐ Yes ☐ No

Home and Community-Based Services arranged after transition (check all that apply):

☐ Medicare Skilled

☐ Self or private pay services

☐ Hospice

☐ Veterans

☐ Adult Home Help (Medicaid personal care)

☐ PACE

☐ MI Choice Waiver

☐ Medicaid Home Health (skilled)

☐ No Medicaid Home & Community based services

☐ Other (specify):

Housing supplements the individual receives after transition (check all that apply):

☐ Low income housing tax credits

☐ Section 8

☐ HOME dollars

☐ 202 funds

☐ CDBG funds

☐ USDA rural housing funds

☐ Housing choice vouchers

☐ Veterans Affairs housing funds

☐ Housing trust funds

☐ Funds for home modifications (do not include CMP)

☐ Funds for assistive technology as it relates to housing

☐ Other (specify):

AUTHORITY: None
COMPLETION: Is voluntary, but this information is required for transition services.

The Department of Community Health is an equal opportunity employer, services, and programs provider.